

# MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

## PART I: GENERAL INFORMATION

**Type of Requestor:** (x) HCP ( ) IE ( ) IC

**Response Timely Filed?** (X) Yes ( ) No

Requestor's Name and Address  
Vogue Medical Center  
5610-B Lemmon Avenue #100  
Dallas TX 75209

MDR Tracking No.: M4-03-6989-01

TWCC No.:

Injured Employee's Name:

Respondent's Name and Address  
Utica National Insurance  
PO Box 743488  
Dallas TX 75374 c/o Box 28

Date of Injury:

Employer's Name: Vantex Enterprises Inc

Insurance Carrier's No.: 869025

## PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due
From	To			
5-23-02	5-23-02	99070-ST	558.02	0.00
5-23-02	5-23-02	99499-RR	450.00	0.00
5-23-02	5-23-02	62282	400.00	0.00
5-23-02	5-23-02	00630-47	300.00	300.00

## PART III: REQUESTOR'S POSITION SUMMARY

Sterile tray costs the provider the amount billed; patient spent time in recovery room under physician care; spine/injection lumbar and related costs; and reasonable and necessary treatment per patient's signs and symptoms.

## PART IV: RESPONDENT'S POSITION SUMMARY

The provider submitted the bill with insufficient documentation for their charges. Provider did not support their charges or billed with the incorrect CPT code.

## PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The 1996 Medical Fee Guideline applies to the disputed dates of service. 99070-ST was paid at fair and reasonable with denial code "M". Per Rule 133.307(g)(3)(C) the requestor did not document why the disputed fee warranted additional reimbursement and per section (g)(3)(D), the requestor did not discuss, demonstrate, and justify that the payment amount being sought is a fair and reasonable rate of reimbursement per Rule 133.1(8) and TLC 413.011. Therefore, no additional reimbursement recommended.

99499-RR was denied as not appropriately documented. This is a DOP code that requires documentation per General Instructions III. A. DOP requirements were not met. Recovery room time was not documented. Therefore, no reimbursement recommended.

62282 was denied per MFG surgery ground rule I. E. 4. c. Ground rule states that ESIs shall be billed with code 62289 only. Requestor did not bill per the fee guideline. Therefore, no reimbursement recommended.

00630 was denied as not appropriately documented (code does not reflect service provided). Anesthesia ground rule V. B. states that spinal epidural administered by the surgeon shall be reimbursed the basic anesthesia value only and modifier -47 shall be used. Recommend reimbursement of \$300.00.

## PART VI: DETAIL FINDINGS (If needed)

